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## A Local Health Department Social Work Study of Teen-Age Venereal Disease Patients\*

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### INTRODUCTION

Recognizing that social and emotional factors are of primary importance in epidemiology and perhaps offer avenues for prevention and control of venereal disease in teen-agers, the Contra Costa County Health Department requested the assignment of a State Health Department social work consultant to their venereal disease control program, as they do not have a social worker on their staff. There was recognition of the nationwide increase in the reported number of cases of syphilis and gonorrhea among teen-agers during recent years. Several dozen school age patients had been seen in a health department venereal disease clinic during 1960, and there was increased health department and community concern for the problem.

Only little health department attention had been given to the social adjustment of teen-agers seen in the clinic, and the question was being raised whether something more could be done for them. The staff believed that early attention to social and emotional factors could prevent serious maladjustments later. Study of the problem was also thought to be important because there appears to be a dearth of information about social factors which influence teen-age behavior and social adjustment. It is a social work assumption, supported by other professional opinion, that venereal disease is indicative of social disfunctioning of patients and their fam-

ilies.<sup>1</sup> Systematic study is needed concerning the social functioning of families of venereal disease patients, their strengths and liabilities, and the limits of opportunities for them in the community must be understood, if venereal disease control is to be effected through this approach.

A project was undertaken to study the social functioning of the families of a group of young patients coming to the attention of the health department's venereal disease program. Project findings would then be used to assist health department staff in outlining and pinpointing services to meet the social needs of the patients and their families.

### METHOD

A social work consultant from the California State Department of Public Health, (Bureau of Public Health Social Work), was assigned to the health department venereal disease control program for a three month period beginning February 1, 1961. From February 8 through April 14 he interviewed 30 patients of the Richmond venereal disease clinic who were between 13 and 21 years old. Four teen-agers known to the clinic, who had congenital syphilis, were not included. Parents were interviewed if

consent was given by the patient. After interpreting the purpose of the project, the teen-ager and parents were informed that their participation was voluntary.

The interviews were focused on gaining information on current family functioning. Only pertinent historical data was obtained. The open-ended interview method used the family as a base for data gathering, diagnosis and the development of a treatment plan. Data were obtained and organized in the following areas of family functioning: child, adult, marital, parental, financial. Impressions were recorded on the over-all level of family functioning and recommendations were made for services to meet identified social needs and problems.

Certain limitations affected the scope of the study and the quality of the findings. One interview with the patient and one with a parent made possible an assessment of social functioning levels but did not make possible a complete family diagnostic picture. Study protocol called for all patients meeting established criteria to be interviewed during the agreed period. However, eight patients were missed because they were finished with their appointments and left the clinic while other patients were being interviewed or the social worker was otherwise occupied. One patient made an appointment with the social worker but did not keep it. Three came in on

<sup>1</sup> "It is the behavior of the carrier on which the spread of venereal diseases depends. Any attempt to curb the spread of these diseases must necessarily cope with the subtle shadings and nuances within the character of the human vector." The Venereal Disease Contact Interview, The John Friend Mahoney Training Center for Nurses, *Public Health Reports*, November 1960, pp. 1000-1006.

\* This report was discussed at the Southern California Venereal Disease Conference and at the Bay Area Venereal Disease Conference, both held in June 1961.

non-clinic days or during hours when the social worker was unavailable.

The inter-agency case conference was used when appropriate as an educational device and a technique for involving the community in the venereal disease program. Five conferences were held involving administrative, supervisory and line staff from a number of agencies: schools, welfare department, probation department, mental health clinic, the California Youth Authority, North Richmond Neighborhood House, and Gompers Continuation High School. Local health department staff involved in the conferences included clinicians, public health nurses, the mental health nursing consultant, assistant health officers, and the venereal disease investigator.

There were nine planned conferences with health department staff and many informal conferences for the purposes of sharing information, preparing for meetings, making referrals, and helping health department staff, primarily nurses to understand social needs. Conferences were also held with the public health nursing supervisors about using the inter-agency case conference as an in-service training device.

#### FINDINGS

##### *Patient Characteristics*

Eighteen of the 30 patients were boys, ranging in age from 17 through 20. The girls were generally younger. One was 13, four were 15, five were 16, one 18 and one 20. Nineteen patients were Negro; 11 were white. Fourteen patients were self-referred, 10 were contacts, and six were referred by other sources.

In the opinion of the social worker, 24 patients showed or verbally expressed moderate or strong anxiety; six showed slight anxiety or none. Some anxiety was due to being asked to discuss personal and family matters in an agency setting. However, it was the social worker's impression that some patients were misinformed about venereal disease and showed undue fear regarding its consequences. There was evidence that the patients received venereal disease information from a variety of sources. Such information was subject to individual interpretation and was reacted to irrationally.

##### *Family Characteristics*

There were 22 parental interviews involving 20 families, 13 of whom ex-

pressed anxiety in the interview situation.

Eight patients did not consent to having their parents interviewed. In two families, interviews were not obtained, one because of project time limitations and the other because of parental resistance, judging from five telephone contacts not culminating in an appointment for an interview.

Fifteen patients had both parents at home, nine had only a mother, one only a father, and five had neither. In only one case, however, was there no responsible adult in the home. This was an 18 year old girl living with a girl friend. Sixteen of the 28 families had six or more children.

Twenty-four families were already known to community agencies, either welfare, law enforcement, schools, mental hospitals or clinics. Seven families were known to at least two of these agencies; 10 were known to at least three agencies; two were known to at least four agencies.

##### *Family Functioning Analysis*

Twenty-three of the thirty patients had experienced family breakdown in the form of parental death, divorce or separation, mental illness, or alcoholism severe enough to warrant institutionalization.

There were only eleven families with both natural parents. Four other two-parent families had one step-parent. There were nine one-parent families. (Three of these were due to parental death and six were due to divorce or separation.)

One patient lives with elderly grandparents and a married aunt. The family history is characterized by multiple marriages, violence, and financial dependency.

One patient with two younger siblings lives with an aunt and uncle due to the death of both parents. One is living with a sister and brother-in-law. One divorced patient lives alone with her young son.

Thirteen families were characterized by several siblings in the home with serious social problems similar to those of the patients. Adult siblings out of the home also had educational, employment, law enforcement or marital problems, and problems of financial dependency requiring public assistance.

##### *Marital Functioning*

In almost two-thirds of the twenty-eight families, there is evidence of serious marital disruption, as evidenced

by divorce, separation, death, alcoholism, and mental illness. In a few instances the marriage may have been of long duration and intact; however, the relationship was not stable and was characterized by exploitation of one spouse over the other.

A proportion of the marital functioning was unfavorably conditioned by economic and social factors sometimes beyond individual control. For example, the educationally, vocationally and culturally disadvantaged Negro group who came from the south about the time of World War II for betterment was hardest hit when employment opportunities narrowed after the war.

##### *Financial Functioning*

Most, if not all, of the families who were receiving assistance from the welfare department or pensions or unemployment insurance expressed considerable concern about managing on minimal financial resources. Eight families were on ANC; in one of these families, Old Age and Survivors Insurance was received in addition to the ANC allotment.

One family was on General Assistance. Another, receiving unemployment insurance, had a long history of intermittent General Assistance. Five families were receiving Old Age and Survivors Insurance or social security pensions buttressed by other earned income.

It was the social worker's impression from observation of housing and other data that four other families were also in lower income brackets. Only eight families appeared to gross over \$6500 per year.

##### *Parental Functioning*

In seven out of the eleven white families, the child rearing function was affected by death, divorce, or absence of a parent or by a father who was harsh or alcoholic or who withdrew from sharing in the parental function. One mother seemed unable to assume parental responsibility and said she felt like a child herself.

In most of the seventeen Negro families there was evidence of familial warmth. The breakdown in social functioning appears in pre-adolescence and in the early teens when the parental inability to cope emerges. The younger children appear fairly secure at home. It is when they test the outside social environment in the schools, in the streets, and in seeking employment that certain conflicts and prob-

lems appear that are not easily subject to or solvable by parental handling or control. This normal "testing out" phase in the growth years appears to be beyond the control of the family. It is in this area that the limitations of community opportunity and services for the Negro group seem to influence child and parental functioning.

Attitudes of concern that their children be "good" were expressed by both mothers who were themselves "good" and by mothers whose behavior did not conform to community values. The latter group of mothers did not appear to recognize the contradictions posed by their attempts to raise "good" children (especially girls) when their own behavior exemplified the opposite of their verbal and moral dicta. The children were faced with "Do as I say, not as I do."

The fathers in the 17 Negro families, often absent, were described as harsh. The male head of the household changed frequently in some families as noted by the number of out-of-wedlock children.

#### Child Functioning

Twenty-two patients had what might be described as normal or average goals or aspirations for jobs, cars, happy marriage, etc. Seven others were unable to discuss their goals because of blocks, defenses, or other emotional reasons. One patient had an overpowering yearning for money.

Strengths to deal constructively with some difficult life situations were noted in many patients.

Following are some examples of problems which patients faced and ways in which they were handled:

1. One patient, after years in a family marked by severe marital friction and harsh parental discipline, was sensed to have a quiet and kind sensitivity although appearing nervous and suspicious. After being expelled from school, he completed his high school education at the continuation school. In a limited labor market he found and held a job in spite of it being unpleasant and physically difficult and there were almost insurmountable transportation problems.
2. One patient from a troubled family married the mother of his out-of-wedlock child and accepted referral to a local agency for vocational training.

3. One patient, who completed junior college, realistically accepted rejection by the military service, has good job prospects, and is saving toward more college work.

4. One patient, whose father is dead has a severely emotionally handicapped mother. He and his two brothers are protective of her. He exhibits sensitivity and feelings of responsibility toward others and he shows considerable strength in an environment which has little to offer him.

5. One patient completed high school after her divorce and is working steadily to support herself and her child.

Breakdown in child functioning was evidenced by poor school adjustment, by employment problems, and by illegal behavior known to law enforcement agencies. Twenty patients had school problems. In some instances, it was not possible to differentiate school expulsions from school drop-outs. Thirteen patients had employment problems mostly resulting from lack of vocational preparation. It was the social worker's impression that knowledge of limited employment opportunities affected the Negro patients' motivation toward educational and vocational preparation. Most of them said that a good job would help solve most of their problems. While six of the patients were too young to have employment problems, five of the six had school problems which will probably affect their chances for employment.

There were three female patients whose heterosexual activity was closely related to feelings of rejection. There were three other female patients where rejection played a role in the heterosexual activity, but was not as clearly identified. One of these has had an out-of-wedlock child.

#### EXAMPLES OF CASE PLANNING

1. In an inter-agency case conference it was learned that a patient who had fathered an out-of-wedlock child had been referred by the welfare department a year ago for vocational help but had not gone. He was a member of a minority family with educational, vocational, and law enforcement problems. In the conference, the participants agreed on a treatment plan including another referral for employment training. The patient followed through on the second referral,

later married the mother of his child, and the family is living in their own apartment. At present, the couple is on general assistance and their economic problems are not yet resolved.

2. A teen-age girl not previously known to the clinic came in as a self-referral. She was in crisis and so frightened that she made up a story blaming rape for her disease. She was also unable to talk with her parents about her problems because of her anxiety. The VD investigator reported that she planned to elope. The social worker called a conference with the VD investigator, the clinician, and public health nurse to develop a treatment plan. It was agreed that the nurse would take primary responsibility for reaching out to help the girl, with the social worker giving consultation to the nurse. The girl was responsive to the nurse's offer of help and subsequently brought in her boyfriend for an interview. The nurse subsequently assisted the couple to consider sharing their plans with her parents. Thus it was demonstrated that this girl needed and wanted help, and was responsive to counseling.

3. A patient discharged from the service for repeated gonorrhea came

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to the clinic as a self-referral. He had not been able to find a job for several months since his military discharge. An on-the-spot social work-nursing conference resulted in a decision that the nurse, who knew the family, make an immediate referral for employment training. It was later learned that the patient followed through on this referral.

4. A very young teen-age girl, a gonorrhea contact, was seen on her initial visit to the clinic. She was terrified that her father might learn of her sexual behavior. Full respect was accorded her request that her father not learn of her visit to the clinic.

As there were school, family, and promiscuity problems, a conference was quickly called involving the supervising public health nurse, the school nursing administrator, and social casework staff from child welfare services of the welfare department.

On the basis of school problems the school nurse made a prompt home visit and referred the family to the case worker. The father welcomed help, expressing deep concern about problems of raising his daughter without a mother, as well as about her school problems. A plan for continuing social casework treatment was made with the girl and her father.

#### CONCLUSIONS

The local health department can play a more active and a more penetrating community role in venereal disease control by increasing its knowledge of social factors and utilizing this knowledge to coordinate the work of other appropriate agencies in carrying out social treatment plans.

Exposure to venereal disease is not a chance occurrence. Teen-agers who expose themselves to venereal disease or who expose others to it have the potential to take more responsibility for their behavior. They need to be provided with opportunities to change their behavior pattern by provision of help that has meaning to them and their families.

Viewed as an expression of other problems which give rise to irrational and irresponsible behavior, venereal disease or promiscuity is in part a symptom related to the inadequate solving of broader social issues.<sup>2</sup> More

importantly, the teen-age patient coming in with venereal disease, or as a contact to venereal disease because of his promiscuity, is providing society with an early clue that his health is facing many more serious risks than venereal disease. The provision of services at this time to meet other social problems should not only contribute to the control of promiscuity and venereal disease, but should assist these individuals toward a more satisfactory living pattern that obviates much ill health, dependency and delinquency.

On this basis, then, the project findings support the belief of the Contra Costa County Health Department staff that early attention to social factors associated with teen-age promiscuity and venereal disease can be helpful in preventing more serious maladjustments as well as assisting in the prevention of venereal disease reinfection.

#### RECOMMENDATIONS

1. It is recommended that social work be incorporated into the venereal disease control program and that social evaluation and planning be made an integral part of the services offered teen-age patients.

2. Until the first recommendation can be implemented, all teen-age venereal disease patients and contacts should be interviewed by public health nurses to determine whether existing community services can be helpful to the patient and family.

3. It is recommended that the health department work with the welfare council and other appropriate agencies to develop services to help the teen-age promiscuous and venereal disease patients make better use of training facilities and employment opportunities, especially for school drop-outs.

4. It is recommended that the health department work with the schools to determine whether its family life education program can assist teen-agers to dispel confusions and fears about venereal disease that were observed in patients.

5. It is recommended that the health department initiate contact with other appropriate agencies to discuss the possibility of establishing a group work program to assist mothers with problems of parental supervision.

## Nicholas Parlette Resigns From Staff

Nicholas Parlette, health education consultant with the Division of Alcoholic Rehabilitation, California State Department of Public Health, has left the Department to accept a position as lecturer in the School of Public Health, University of California, Berkeley. He has been assigned to the staff of the Western Regional Office, Western Branch Executive Office, American Public Health Association, as education associate, and will devote his time to planning programs in continuing education.

Mr. Parlette has been with the Department since 1958, first with the Bureau of Health Education and then with the Division of Alcoholic Rehabilitation. He has a master's degree from the School of Public Health, University of California, at Berkeley. He has also had experience as a sanitarian with the Alameda County Health Department.

Howard Dunphy, health education consultant with the State Department of Public Health since 1955, has replaced Mr. Parlette as health education consultant in the Division of Alcoholic Rehabilitation. Mr. Dunphy was with the Bureau of Health Education until 1959, and since then has been with the Bureau of Vector Control.

## FORMER STATE BOARD OF HEALTH MEMBER DIES

On June 10, 1961, Francis M. Pottenger, Sr., M.D., died at the age of 91. Dr. Pottenger served on the California State Board of Health from June 1940 until September 1943 and assumed the position of vice president of that body in September 1940.

Dr. Pottenger is widely known for his distinguished contribution to the study and treatment of tuberculosis. He established and operated the Pottenger Sanitarium in Monrovia for more than 50 years. He dedicated his life to the campaign to eradicate tuberculosis.

Dr. Pottenger published more than 200 scientific papers as well as a classic text on the symptoms of visceral disease.

Public health is greatly indebted to this devoted physician, and his death marks the passing of a pioneer in the field.

<sup>2</sup> "... symptoms in themselves are nonspecific and mean different things to different individuals." *Health Services & Juvenile Delinquency*, p. 23, Childrens Bureau Publication 353—1955.

## The Value of Pretesting— A Case in Point

The value of "pretesting" educational materials to determine if the intended message "gets across" to the intended audience was demonstrated recently by the Prevention of Blindness program of the State Department of Public Health. A new glaucoma exhibit was set up in a public library, and a number of persons were interviewed immediately after they had looked at it to determine whether certain concepts and facts were being communicated. A number of changes have been made in the exhibit as a result of these interviews.

In the original exhibit, in order to make the point that advanced glaucoma can cause tunnel vision, an illustration of a mother and baby was used, followed by the same picture blacked out around the periphery to create the illusion of tunnel vision. A caption accompanying the picture stated "Advanced glaucoma can cause tunnel vision, and finally, total blindness."

The staff had thought that this emotionally appealing picture would, in effect, say to the viewers: "This is a sight I would miss very much if I were to become blind." They also felt the viewer would understand that tunnel vision is a symptom of approaching blindness.

However, interviews revealed that this message was not being communicated. Instead, some persons expressed surprise that babies got glaucoma, especially since another point on the exhibit indicated that the disease usually occurs after age 40; others made such remarks as "I don't know what tunnel vision means."—"Would I know if I had it?"—"Total blindness is clear enough, but what tunnel vision is, I don't know." etc.

As a result of these interviews, a picture of a ship going under a bridge was substituted for the mother-baby picture, and the caption now reads "Advanced glaucoma is like seeing through a tunnel and can lead to total blindness."

A second point the staff wished to make was that eye drops prescribed by a physician are the recommended treatment for glaucoma. A picture of a man was shown putting drops into his eye and the caption read: "Eye drops prescribed by your doctor can usually control glaucoma if it is detected early."

## Public Health Orientation For Migrant Ministry

At the request of the California Migrant Ministry, this Department in June carried out an orientation program to acquaint their staff with the health problems of seasonal agricultural workers, health services available to these workers, and health education techniques. The California Migrant Ministry is a non-profit organization of various Protestant denominations that has a broad social and welfare program for migrant and other seasonal farm laborers. The public health orientation was arranged for the staff who in turn provided orientation for 40 college volunteers who are working with the farm families this summer. Emphasis was placed on ways of working cooperatively with local health departments.

The Migrant Ministry staff and college-age volunteers are working in the following counties: Kern, Kings, Tulare, Fresno, Merced, Stanislaus, San Joaquin, Santa Clara, and San Benito. Staff members of the Bureau of Health Education and other bureaus in the Department plan follow-up visits to the camps and other locations where the Migrant Ministry staff are located.

In addition to the orientation, packets of supplemental printed materials developed in the Bureau of Health Education were distributed and discussed. A special pool of health films has been provided for this group for special summer programs with migrant and seasonal farm workers.

If all current knowledge about control, detection, and treatment of cancer were fully applied, 120,000 patients with cancer could be saved annually instead of only 80,000. *The Costly Time Lag*, P.H.S. Publication No. 813.

Interviews revealed that the words "prescribed by your doctor" were escaping the viewers' attention entirely. Several viewers thought any non-prescription eye drops would do. Others thought eye drops would prevent glaucoma, missing the point that drops are used to treat the disease. The picture was therefore changed to show a physician teaching a patient how to put drops into his eyes. The words "prescribed by your doctor" have been given emphasis by underlining.

## PROGRAM BRIEFS

### Dixon Immunization Program

Hundreds of residents of Dixon, a small Solano County community, took advantage of a series of community immunization clinics sponsored by two local physicians and the Chamber of Commerce during June. Most of the preschool and school children were immunized as well as young adults, and older people. Polio, diphtheria, tetanus, and smallpox shots and the necessary follow-up shots were given at cost. Two private physicians, Frank Price and Alvin Gullock, M.D.'s, donated their services for the day. Registration cards, coffee and cookies, secretarial service, medical supplies, and transportation, were all donated by community groups such as the Chamber of Commerce and the health department, and by individual nurses, housewives, and business men.

### New Department Film Catalog

The 1961 edition of the *Health Film Services Catalog* of the State Department of Public Health has been distributed to local health departments, audio-visual coordinators in California schools, and professors of health education in State colleges and universities.

The new edition includes revised instructions to borrowers, a statement of policy regarding services to schools and colleges, and lists of catalogs and films available from other sources.

A separate sheet of instructions for use of confirmation, identification, and mailing forms is available separately from the catalog this year. Catalogs and instruction sheets are available from local health departments or from the Bureau of Health Education in California State Department of Public Health.

Stings from bees and wasps can be as deadly as rattlesnake bites. In fact, these insects kill more Americans than snakes do, according to a study by Dr. Henry M. Parrish of the University of Vermont. In a five-year period, bees, wasps, hornets, and yellow jackets killed 86 persons; snakes, 71; and poisonous spiders, 39. Fatal victims of the bee stings are usually adults who have gradually developed a serious allergy to the venom of the insects.—*Home Safety Review*, Summer Issue, 1960.

## San Francisco Clinic One of Nation's Oldest

The Adult Guidance Center of San Francisco's Department of Public Health celebrated its tenth anniversary this year as one of the nation's oldest psychiatric outpatient alcoholic rehabilitation clinics.

The clinic's active case load averages approximately 450 patients, with about the same number of patient visits per week. The patients represent a fair cross-section of the city's population, according to social and economic levels, with the exception of the upper income group able to pay for private sanatoria or medical care. Patients are referred from Alcoholics Anonymous, psychiatric clinics, private physicians, the courts, social agencies, former patients, friends and relatives, the District Attorney's office, probation and parole officers, employers and unions, and other sources. The staff consists of 13 physicians, full and part-time, 12 psychiatric social workers, six nurses, four psychologists and four office workers. Dr. George Meyer is director.

Psychiatric treatment may consist of individual or group psychotherapy. There is medical management of tension symptoms which occur commonly in alcoholic patients; each new patient is assigned to one physician who will follow him as long as he is in the clinic. About one-half of the clinic population currently is in some form of psychotherapy.

A weekly, all-inclusive fee is charged clinic patients able to pay, although indigents are treated without charge.

Last year during the Fourth of July weekend, 442 persons died in traffic accidents. Not a single one wore a safety belt. Investigators reported that a high proportion of these lives would have been saved if seat belts had been in use. ("Listen to History," in *Safety Education*, Dec., 1960).

The average number of years an American male could expect to spend in the labor force increase by over 11 years between 1901 and 1958, while the number of years a male at age 20 could expect to spend in retirement increased by 3.6 years. A comparable increase took place among women.—*Progress in Health Services*, Vol. IX, No. 10.

## PROJECTS APPROVED FOR EXPANSION OF MIGRANT HEALTH SERVICES

Special funds totaling \$75,000 have been allocated to 11 counties to develop new or extend existing health services to domestic seasonal farm workers and their families. The following counties applied for and have been granted funds to carry out special projects: Sutter-Yuba, Butte, Merced, Yolo, Tulare, Fresno, Santa Cruz, Monterey, Kern, Colusa, and San Benito.

The funds were made available when Senate Bill 282 was signed into law in May. The legislation was supported by the California Medical Association, California Dental Association, Southern California Dental Association, California Farm Bureau Federation, California State Grange, California Council of Parents and Teachers, California Migrant Ministry and other concerned groups.

SB 282 provides for the California State Department of Public Health to assist interested counties in extending programs for seasonal farm workers and their families. The program consists of studies of the health and health services for these people, and will provide technical and financial assistance to local agencies concerned with their health.

The projects have been designed to carry out a variety of services, such as family-type outpatient services accessible to migrant families, and designed to detect and care for illness before crises develop; clinics to improve immunization status; extension of public health nursing services to migrant families in labor camps; and extension of nutrition and health education services on an



Governor Edmund G. Brown signs into law Senate Bill 282, which provides limited funds for expanding health services to domestic seasonal farm workers and their families. From left to right are Bruce Jessup, M.D., rural health consultant, California State Department of Public Health, Senator Virgil O'Sullivan, author of the bill, and Governor Brown.



individual, family, or group basis in family clinics, mothers' classes, and teenagers' groups.

These projects will be evaluated at the end of the harvest year in order to determine how the funds will be used next year. Additional funds for similar projects will be made available to California should U. S. Senate Bill 1130, now before Congress, be adopted.

## REPORTED CASES OF SELECTED NOTIFIABLE DISEASES CALIFORNIA, MONTH OF JUNE, 1961

Disease	Cases Reported This Month			Total Cases Reported to Date		
	1961	1960	1959	1961	1960	1959
<b>Series A: By Place of Report</b>						
Amebiasis	46	33	54	308	186	322
Coccidioidomycosis	8	9	15	88	123	127
Measles	6,083	3,875	4,784	34,797	19,064	35,953
Meningococcal infections	18	12	12	123	110	120
Mumps	1,874	2,994	1,163	18,422	16,437	8,358
Pertussis	170	180	190	974	815	1,218
Rheumatic fever	12	24	9	63	94	75
Salmonellosis	91	140	78	642	567	452
Shigellosis	160	163	137	977	855	749
Streptococcal infections, respiratory	1,021	2,709	1,793	9,915	18,653	12,755
Trachoma	—	2	—	4	80	21
<b>Series B: By Place of Residence</b>						
Chancroid	4	8	4	65	64	33
Conjunctivitis, acute newborn	—	3	—	4	11	3
Gonococcal infections	1,836	1,495	1,249	11,081	9,009	7,915
Granuloma inguinale	1	3	—	3	10	—
Lymphogranuloma venereum	—	3	2	4	20	14
Syphilis, total	548	641	605	3,738	3,863	3,408
Primary and secondary	107	138	100	762	742	525
<b>Series C: By Place of Contraction</b>						
Botulism	—	—	—	—	—	2
Brucellosis	1	2	1	12	9	7
Diarrhea of the newborn	2	—	2	25	6	14
Diphtheria	1	—	—	1	—	4
Encephalitis	41	59	31	246	275	191
Food poisoning (exclude botulism)	63	26	255	1,360	736	880
Hepatitis, infectious	451	400	187	3,076	2,006	1,284
Hepatitis, serum	22	14	14	105	53	46
Leprosy	1	—	—	7	4	7
Leptospirosis	—	—	—	4	—	2
Malaria	2	—	4	6	—	14
Meningitis, viral or aseptic	62	49	43	232	213	201
Plague	—	—	1	—	—	1
Poliomyelitis, total	5	51	22	42	123	96
Paralytic	3	47	17	34	109	81
Nonparalytic	2	4	5	8	14	15
Psittacosis	—	1	1	7	9	10
Q Fever	4	4	9	23	25	16
Rabies, animal	16	7	13	127	66	53
Rabies, human	—	—	1	1	—	1
Relapsing Fever (tick borne)	—	—	—	—	—	—
Rocky Mountain Spotted Fever	—	1	—	—	1	1
Tetanus	4	4	7	14	15	23
Trichinosis	1	—	—	9	1	2
Tularemia	1	—	—	2	2	—
Typhoid Fever	4	3	6	25	19	36
Typhus Fever (endemic)	1	—	—	3	—	—
Other * Anthrax	—	—	—	1	—	—
Tuberculosis <sup>1</sup>	—	—	—	2,392	2,696	2,763

\* This space will be used for any of the following rare diseases if reported: Anthrax, Cholera, Dengue, Relapsing Fever (louse borne), Smallpox, Typhus Fever (epidemic), Yellow Fever.

<sup>1</sup> Tuberculosis cases are corrected to exclude out of State residents and changes in diagnosis; monthly figures are not published.

Official data on fatal accidents from the Governor's Transportation and Highway Safety Committee reveals the following: 20.7% of all automobile accidents occurred on *straight* and *level* roads; 81.4% occurred with

*perfect visibility*; 77% of all accidents happened during *good weather*; 87.3% happened on *dry roads*; 42.2% occurred during *day light hours*.—*Public Health Reports*, Orange County Health Dept., Vol. 10, No. 1.

## Public Health Positions

### Humboldt-Del Norte County

**Public Health Nurse:** Salary range, \$439-\$549. May advance to second step after six months. Generalized program, including school nursing. Requires California PHN certificate. County car furnished. Apply to L. S. McLean, M.D., Health Officer, Humboldt-Del Norte County Health Department, 805 Sixth Street, Eureka, California.

### Imperial County

**Public Health Officer:** Salary \$12,000 annually. Requires a license to practice medicine in California or eligibility for such a license. Administrator of the public health program in a county of over 70,000. Completion of one year of graduate work in a recognized school of public health and two years full-time experience in an administrative capacity in a full-time health department desired. Apply before August 15 to Albert J. Habberger, County Administrator, County Courthouse, El Centro, California.

### Kings County

**Director of Public Health Nursing:** Salary range, \$493 to \$591. Qualified person may begin above first step. California public health nursing certificate required, as well as three years of public health nursing experience in a general program, including one year in a supervisory or administrative capacity.

**Sanitarian:** Salary range, \$393 to \$471. Qualified person may begin above first step. Responsible for general sanitation program in district. Possession of California certificate as a registered sanitarian, or eligibility is required.

Both positions offer 15 days vacation, 12 days sick leave, 11 holidays, and integrated State retirement and social security plans. Contact Paul L. Murphy, M.D., Kings County Health Officer, 1221 West Lacey Boulevard, Hanford, California.

### San Mateo County

**Public Health Analyst and Registrar:** Salary range, \$491 to \$614. Requires graduation from college and one year experience in technical research or statistical work in public health and welfare. This position is in a combined public health and welfare department. Contact San Mateo County Civil Service Commission, Court House, Redwood City, California.

### Stanislaus County

**Sanitarian:** Salary range, \$436 to \$530. Starting salary depends on qualifications. Environmental sanitation work of a general nature. Good working conditions, employee benefits, living conditions. California registration or eligibility required. Contact Personnel Office, Stanislaus County, P.O. Box 639, Modesto, California.

Evidence is accumulating that a live-virus vaccine against measles, based on the work of Dr. J. F. Enders, should soon be ready for manufacture. The vaccine apparently protected all previously nonimmune children during an explosive measles epidemic in a New York City institution.—*Medical World News*, Jan. 6, 1961.

## "Quarter-Way" House May Help Rehabilitate Alcoholics

A "quarter-way" house program, a unique rehabilitative venture for alcoholics, is under way in San Francisco for men who have been released after being jailed for drinking offenses.

The new program is being carried out by the Division of Alcoholic Rehabilitation, California State Department of Public Health, through contracts with the San Francisco Adult Guidance Center and with the Northern California Service League, a privately financed organization devoted to helping released jail and penitentiary inmates find employment and a measure of social integration.

Many of the more than 300 alcoholic men released each month from the San Bruno jail, where San Francisco sends its alcoholics, usually return promptly to their former drinking habits and are convicted again and again for drunkenness. Most of them are near middle age, are not considered employable, and are often physically or mentally deteriorated.

The "quarter-way" house program hopes to assist about 50 of these men each month—men who have shown some insight into their personality problems and who have asked for assistance with their drinking problem.

The Northern California Service League arranges for their housing some distance from "skid row" and near downtown employment centers for a period of two weeks. A small

amount of money is provided for cleaning and laundry bills, shaving materials, and for transportation to and from work. This program differs from "half-way" house programs in which alcoholics who have already made some progress toward recovery may work and stay in a special residence for an indefinite period of time.

The Adult Guidance Center which is the outpatient alcoholism clinic of the San Francisco Health Department, provides counseling and case-work with the "quarter-way" house residents and will work with other city agencies in attempting to find employment for them. A psychiatric social worker will be at the house half-time each day for personal consultation; but the primary focus will be on obtaining employment.

The cooperating agencies believe that a high percentage of permanent employment for these men and a low rate of return to custody for drinking offenses would indicate that a "quarter-way" house program has merit. They believe that even limited employment success, coupled with less drinking, will encourage other agencies to help alcoholics return to a normal social and workaday life.

## Hepatitis Soars At Rapid Pace

Viral hepatitis has been increasing in California at a rapid rate through 1960 and the first half of 1961. As of the 27th week of reporting, ending July 8, a total of 3,273 cases have

been reported this year, as against 2,146 for the comparable period in 1960, and 1,424 in 1959.

The U.S. Public Health Service has requested that all states assist in obtaining additional information on both infectious and inoculation hepatitis. A national surveillance is now being developed by the U.S. Communicable Disease Center incorporating data from each state in an effort to shed more light on the epidemiology of this disease.

California began its surveillance program June 1, and local health jurisdictions are requested to submit to the department detailed epidemiological information on each case of hepatitis coming to their attention. These will be evaluated and the information forwarded to CDC. An evaluation of the program is planned in six months.

Health education in action in the world today is not a professional isolate; rather it emerges as the people's answer to the age-old struggle to be free from the tyranny of ill health. More, it is emerging as a vital element in the all-embracing drive for independence and for human dignity. Health education represents a major means of assisting communities and individuals to utilize their resources for health in ways which directly strengthen them for the awesome responsibilities and challenges of freedom and independence. Howard Ennes, *Health Officers News Digest*, June 1961.

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